

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 103

STATE FILE NUMBER

FILED JAN 18 1967

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Jackson	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Kansas City	b. COUNTY	Jackson
Length of stay in 1b	20 Yrs.	c. CITY OR TOWN	Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Forest Avenue Home	d. STREET ADDRESS	1530 Park
Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(If outside, give location)	Reside on Farm
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
Judson (J.C.) Binns		Month 1 Day 6 Year 1962	
5. SEX	Male	8. DATE OF BIRTH	4-6-98
6. COLOR OR RACE	Negro	9. AGE (last birthday)	63
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country)	
Mechanic		-----, Arkansas	
13a. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY	
Unknown		U. S. A.	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Carrie-----		None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address	
No None		Leron Binns, 3804 Myrtle	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		Dehydration and Cachexia	
DUE TO (b)		Hypertensive Cardiovascular Disease	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
Arteriosclerosis		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 12/28/61 to 1/6/62 and last saw him alive on 1/6/62		Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE	22b. ADDRESS	22c. DATE SIGNED	
George H. Taft, M.D.	2204 E. 18th Street	1/8/62	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	1-9-62	Blue Ridge Lawn	Kansas City, Mo.
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Jones & Stevens, 2315 Linwood Blvd.	1-9-62	Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.